DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below at 201 et seq. underneath my name.

I believe I am the original, first and sole inventor if only one name is listed at 201 below, or an original, first and joint inventor if plural names are listed at 201 et seq. below, of the subject matter which is claimed and for which a patent is sought on the invention entitled METHOD AND SYSTEM FOR MAXIMIZING DATA THROUGHPUT RATE IN A POWER LINE COMMUNICATIONS SYSTEM BY MODIFIYING PAYLOAD SYMBOL LENGTH, the specification of which:

X is attached hereto.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, §119/§172 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

EARLIEST FOREIGN APPLICATION(S), IF ANY, FILED PRIOR TO THE FILING DATE OF THE APPLICATION						
APPLICATION NUMBER	COUNTRY	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER U.S.C. 119/172			
			Yes _ No _			
			Yes No			
			Yes No			

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

APPLICATION FILING DATE STATUS

SERIAL NUMBER PATENTED PENDING ABANDONED

60/404,360 8/19/02

POWER OF ATTORNEY: As a named inventor, I hereby appoint Lorimer P. Brooks, Reg. No. 15,155, William R. Robinson, Reg. No. 27,224, Kurt G. Brisco, Reg. No. 33,141, William C. Gerstenzang, Reg. No. 27,552, Robert A. Hyde, Reg. No. 46,354, Davy E. Zoneraich, Reg. No. 37,267, Mark A. Montana, Reg. No. 44,948, Bruce G. Londa, Reg. No. 33,531, Christa Hildebrand, Reg. No. 34,953, Theodore A. Gottlieb, Reg. No. 42,597, David D. Kim, Reg. No. 53,123 and Andrew N. Parfomak, Reg. No. 32,431 at Norris, McLaughlin & Marcus, P.O. Box 1018, Somerville, New Jersey 08876-1018, my attorneys, to prosecute this application, and to transact all business in the Patent and Trademark Office connected therewith, and to file, prosecute and maintain corresponding patent applications and patents in other countries and regional authority offices outside the United States.

		SEND CORRESPONDENCE TO: Davy E. Zoneraich, Esq. Norris, McLaughlin & Marcus P.O. Box 1018 Somerville, New Jersey 08876- 1018	DIRECT TELEPHONE CALLS TO: Davy E. Zoneraich (908) 722-0700	
2	FULL NAME OF INVENTOR	LAST NAME Logvinov	FIRST NAME Oleg	MIDDLE NAME
0	RESIDENCE & CITIZENSHIP	CITY East Brunswick	STATE OR FOREIGN COUNTRY New Jersey	COUNTRY OF CITIZENSHIP
1	POST OFFICE ADDRESS	POST OFFICE ADDRESS 27 Beacon Hill Road	CITY East Brunswick	STATE OR COUNTRY ZIP CODE New Jersey 08816
2	FULL NAME OF INVENTOR	LAST NAME Walvis	FIRST NAME Dick	MIDDLE NAME
0	RESIDENCE & CITIZENSHIP	CITY Santa Cruz	STATE OR FOREIGN COUNTRY California	COUNTRY OF CITIZENSHIP
2	POST OFFICE ADDRESS	POST OFFICE ADDRESS 214 Calcita Drive	CITY Santa Cruz	STATE OR COUNTRY ZIP CODE California 95060
2	FULL NAME OF INVENTOR	LAST NAME Ebert	FIRST NAME Brion	MIDDLE NAME
0	RESIDENCE & CITIZENSHIP	CITY Easton	STATE OR FOREIGN COUNTRY Pennsylvania	COUNTRY OF CITIZENSHIP
3	POST OFFICE ADDRESS	POST OFFICE ADDRESS 405 Canal Park	CITY Easton	STATE OR COUNTRY ZIP CODE Pennsylvania 18042
2	FULL NAME OF INVENTOR	LAST NAME Lawrence	FIRST NAME David	MIDDLE NAME
)	RESIDENCE & CITIZENSHIP	CITY Newton	STATE OR FOREIGN COUNTRY New Jersey	COUNTRY OF CITIZENSHIP
4	POST OFFICE ADDRESS	POST OFFICE ADDRESS 59 Plumer Road	CITY Newton	STATE OR COUNTRY ZIP CODE New Jersey 07860

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201	SIGNATURE OF INVENTOR 202	SIGNATURE OF INVENTOR 203
DATE SIGNATURE OF INVENTOR 204	DATE DATE SIGNATURE OF INVENTOR 205	
DATE	DATE	